

Ojai Adult School 414 E. Ojai Avenue Ojai, Ca. 93023

## Transcript and Records Request Form Questions: 805-640-4300 Ext. 1960

Last Name (at time of atter	ndance):	First Name:
DOB: Graduat	ion Year:Phone	e number:
Signature:		Date:
		Dute
Check type of record(s		
Check type of record(s	) you are requesting:	
Check type of record(s Official Transcript (se Unofficial Transcript	) you are requesting:	

To process your request, please provide each of the following using one of the methods listed below:

- 1. Completed and signed Transcript and Records Request Form
- 2. Copy of valid picture ID with signature
- 3. Address or email to send transcript/records

Mail all required items to:	Fax all required Items to: 805-640-4341	Email all required items to: rlambos@ojaiusd.org
Ojai Adult School		
Attn: Registrar		
414 E Ojai Ave		
Ojai, CA 93023		

Please allow 3 business days for processing.